## PATENT APPLICATION FEE DETERMINATION RECORD

Effective Octob r 1, 1994

**Application or Docket Number** 

415094

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |                                   |  |              |                 |                                     |  | SMALL ENTITY |                    |                        | OTHER THAN OR SMALL ENTITY |                         |                        |
|---|--|-----------------------------------|--|--------------|-----------------|-------------------------------------|--|--------------|--------------------|------------------------|----------------------------|-------------------------|------------------------|
| FOR   |  |                                   | NUMBER FILED   |              |                 | NUMBER EXTRA                        |  |              | RATE               | FEE                    |                            | RATE                    | FEE                    |
| BASIC FEE   |  |                                   | Service of the servic | e de de de . |                 | ) - 0                               | and the second of the second o |              | ,                  | 365.00                 | OR                         |                         | 730.00                 |
| TOTAL CLAIMS  |  |                                   | Marin suma vi  | 3 minus      | s 20 =          | *                                   | and the public of the control of the superior and the sup |              | x\$11=             |                        | OR                         | x\$22=                  |                        |
| INDEPENDENT CLAIMS  |  |                                   |  | / minu       | ıs 3 =          | •                                   |  |              | x38=               |                        |                            | x76=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                                   |  |              |                 |                                     |  |              | +120=              |                        | OR                         |                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |                                   |  |              |                 |                                     |  |              |                    | OR                     | +240=                      | 7310                    |                        |
|   |  |                                   |  |              |                 |                                     |  | TOTAL        |                    | OR                     | TOTAL                      | 730 00                  |                        |
|   | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |                                   |  |              |                 |                                     |  | 1 .          | SMALL ENTITY       |                        |                            | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT'N   |  | CLAII<br>REMAII<br>AFTE<br>AMENDI | NING<br>ER   |              | NI<br>PRE       | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA   |              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 21                              | , ,  | Minus        | ** (            | 20                                  | = /  |              | x\$11=             |                        | OR                         | x\$22=                  | <b>6</b> 00            |
|   | Independent  | •                                 | 3  | Minus        | ***             | 3                                   | = <b>Ø</b>   |              | ×38=               |                        | OR                         | x76=                    | R                      |
| •   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                                   |  |              |                 |                                     |  |              | +120=              |                        | OR                         | +240=                   | ·                      |
|   |  | (Colum                            | n 1\   |              | (C              | aluma 2\                            | (Column 3)   | A            | TOTAL<br>DDIT. FEE |                        | OR ,                       | TOTAL<br>ADDIT. FEE     |                        |
| MENDMENT B  |  | CLAII<br>REMAII<br>AFTE<br>AMENDI | MS<br>VING<br>ER   |              | HI<br>NI<br>PRE | Olumn 2) GHEST JMBER VIOUSLY ID FOR | PRESENT<br>EXTRA   |              | RATE               | ADDI-<br>TIONAL<br>FEE | 1                          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * <i>á</i>                        | 12   | Minus        | **              | 21                                  | =  |              | x\$11=             |                        | OR                         | x\$22=                  | 22                     |
|   | Independent  | * 3                               | 3  | Minus        | ***             | 3                                   |  |              | x38=               |                        | OR                         | x76=                    |                        |
| ⋖   | FIRST PRESENTATION OF MULTIPLE                               |                                   |  |              | DEPE            | NDENT CL                            | AIM  |              | +120=              |                        | OR                         | +240=                   |                        |
|   | (Column 1) (C  |                                   |  |              |                 | olumn 2)                            | (Column 3)   | A            | TOTAL<br>DDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE     | 22                     |
| AMENDMENT C   |  | CLAIN<br>REMAIN<br>AFTE<br>AMENDI | NING<br>R  |              | NI<br>PRE       | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA   |              | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *                                 |  | Minus        | **              |                                     | =  |              | x\$11=             |                        | OR                         | x\$22=                  |                        |
|   | Independent  | *                                 |  | Minus        | ***             |                                     | =  |              | x38=               |                        | OR                         | x76=                    |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                                   |  |              |                 |                                     |  |              | +120=              |                        | OR                         | +240=                   |                        |
| ** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |                                   |  |              |                 |                                     |  |              |                    |                        |                            |                         |                        |